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ABSTRACT

Whether or not the aged should be served separately from other age groups is examined. There are two major arguments for age-integrated services: (1) they discourage ageism; and (2) they are more efficient. However, there is hardly any evidence that feelings against the elderly have been reduced because of the existence of age-neutral programs. In addition, there is no empirical evidence that demonstrates that efficiency is related to age-specificity or age-neutrality. Arguments for age-segregated programs include: (1) the elderly prefer and benefit from interaction with elderly peers; (2) special problems of the aged require specialized expertise; and (3) in times of limited resources, the needs of the elderly will be neglected unless specifically targeted. One study of the preferences of senior citizens showed that while age-segregated services are wanted by some older persons, most of the elderly will not be attracted to such programs. What is needed is a system of linkages of age-concentrated programs and services with age-neutral programs and services based on a social policy that is informed by an inclusive view of human needs based on distributive social justice. (RM)

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Major Issues of Age-Integrated Versus Age-Segregated Approaches to Serving the Elderly

by:

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of the Northeastern Gerontological Society,
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"Values and ideologies prevailing in a society, the knowledge and data base about a particular population and its needs or problems, and the power relationships influence, if not shape, social policies."[1.] While "values and knowledge are significant aspects in shaping and directing social policies"..."it is the leverage of power that ultimately forges the decisions that affect the lives of people; it is in the political arena that the multifaceted claims of groups and constituencies are brokered and negotiated."[2.]

What are justifications of age-based programs? Kutza points to historical trends and amplifies these by adding four rationales: economic, political, psychosociological and ethical:

> "The economic rationale stresses that the elderly, because they are economically disadvantaged in the job market, need subsidy, particularly for the purchase of essential goods and services. Retirement results in reduced income for the older person but not necessarily in reduced expenses; poor health compounds the problem, for the elderly require more health services than younger groups."[3.]

She maintains that the political rationale is based on the fact that

> "the political process usually responds to the power of a particular constituency. The elderly are a constituency of some influence because of their increasing numbers and because of their voting behavior (a higher percentage of older people vote than of any other age group)."[4.]

In presenting the psychosociological rationale she points out that two aspects are cited:

> "One suggests that the programs are compensatory, aimed at redressing evils perpetrated on the old by the larger society's denying the elderly a work role (because of enforced retirement practices) and a familial role (because of increased mobility and the rise of the nuclear family)."[5.]

And the ethical rationale relies on the principle of just rewards for past contributions to society. Given these rationales should the elderly be served separately from other age groups? Tobin et al in discussing this question present a series of theoretical arguments for age-integrated and age-segregated approaches.[6.] They point out that there are basically two major arguments for age-integrated services: (1) they discourage "age-ism", i.e., they offer opportunities for linking young-middle-aged and older people and (2) they make for greater efficiency in service provisions.

As far as the first argument goes there is hardly any evidence that feelings against the elderly, because they are old, have been reduced because of the existence of age-neutral programs. As Kerschner put it:

> "I find there is very little scientifically verifiable data that these unraveling of chronological age norms are really taking place on any large scale. Indeed, recent evidence indicates that society and its institutions are not only failing to lead the way, they are in fact widely ignoring the issue or creating barriers to its happening. One need only read the age discrimination study conducted by the former Commissioner on Aging, Dr. Arthur Fleming, to identify the miles we need to go before we can sleep in an age-integrated society. The community mental health centers, generic in nature, had to be forced to provide access to elders. Why? Because they believe that old people have limited years left to them, and thus our limited resources should go to the young. Retraining programs around the country - generic ones, not Title V - had no aged in their census because they believe the aged have only ten years left of their work life, and thus age-targeting was economically and socially inappropriate."[7.]

Efforts to deal with age-ism require much more active engagement by all parts of the population, including the elderly themselves. The experience of the civil rights movement provides a useful lesson in this respect Unless the aged have a turf of their own as a group and command respect because they have control over resources, they are likely to be ignored and age-ist attitudes will be translated into age-discrimination. In

order to achieve self respect people need to be "hosts" as well as "guests". Reciprocity assures greater equalization of relationships. People feel more comfortable being in the role of guest if they can also be in the role of host. As consumers of social services, older people more frequently experience being guests than being hosts. Only when they are on home ground, such as in senior centers, can they reciprocate and "invite" younger people.

For the second argument that age-neutral programs and services are more efficient, there is to my knowledge, no empirical evidence which demonstrates that efficiency is related to age-specificity or age-neutrality. Theoretically one might argue that programs and services addressed to people of all ages may be more cost efficient. But are they more effective if they don't reach a sizable segment of the population for whom they are intended or if they do reach them, do not help them solve their problems, alleviate their stresses or enhance their well-being?

Tobin et al's propositions for age-segregation include the following three 1) the elderly prefer and benefit from interaction with elderly peers; 2) special problems of the aged require specialized expertise: 3) in times of limited resources, the needs of the elderly will be neglected unless specifically targeted.[8.]

> 1. There is considerable evidence that older people benefit from frequent interaction with their peers, particularly in an age-graded society. As Blau states: "Role exits in old age are inevitable, but the isolating effects - caused when a person is removed from the institutional structures that once provided regular social contacts - can be avoided. New structures are needed through which older people, especially those who have experienced role exit, have opportunities for regular contact with others in a similar positions and with similar needs."[9.] Rosow's comparative study of older people in dispersed and age-concentrated housing is the best empirical study on this subject.[10.] He found that "residential settings heavily weighted with older people concentrate rather than diffuse the field of potential friends and thereby maximize the prospect of friendship formation and group embeddedness."[11.]

Similar conclusions were obtained in the study by Hochschild investingating older apartment dwellers, and by Stephens, Blau, Oser and Miller in a study of aging in Texas which revealed that the incidence of extensive social supports is higher among older people who live in age-concentrated neighborhoods than among those with few older people.[13.]

2. Although still debated to what extent specialized geriatric of gerontological expertise for working with older people is required, there is increasing consensus that people in their later years have needs and problems that are associated with particular biological, physiological, psychological, social or cultural conditions which are correlated with aging processes or with an interface of personal and social situations, such as retirement, widowhood, or status and role deprivations. As health and social care providers frequently find it hard to come to terms with their own aging, they must learn to cope better with these feelings in order to be effective in their professional roles. The study by Blenkner, Bloom, Wasser and Nielson demonstrated that lack of knowledge, of experience with and sensitivity to aging clients created severe problems for older clients.[14.] Many an outreach effort came to naught, because service personnel was unaware of special approaches needed to engage older people in the aging network. On the other side of the coin, those workers skilled in reminiscing or remotivation therapies were successful in motivating frail elderly in long-term care institutions to re-engage in daily activities and to find renewed zest in living.[15.]

3. Many studies indicate that the elderly will be neglected if they are not served separately, even when national resources are presumed not to be limited.[16.] Certainly, experience has demonstrated that in a society that is predicated upon the play of forces of "interest group liberalism"[17.] those groups that are not well-organized and have few articulate and powerful advocates are likely to lose out in the competition for a share of the resource pie. Where "the aged" as a block became

politically conscious and learned to use political acumen and skill, politicians started to pay attention to them. Social Security and Medicare have been major breakthroughs that elevated the life styles of the elderly in the mid-sixties and seventies. These are age-specific programs that have garnered appreciable public support. Despite certain indications of the emergence of an anti-aging backlash[18], a study by Kelmmack and Roff suggests that there continues to be substantial support for government providing services and benefits to the elderly.[19] In fact the two researchers point out that "public support for governments helping the aged might be limited to clearly identifiable aging programs. Thus those who would merge current age-segregated programs into an age-irrelevant service system may do so at the risk of losing a high level of public support."[20]

This does not suggest that only age-segregated programs will benefit particular age groups; it does suggest, however, that ignoring the special needs of the aged or the political reality of negotiating interest claims in the political marketplace will leave the aging population out in the cold. The advent of Reaganomics has made this fact even more apparent. Block grants for social and health services, for mental health (and possibly no legal services) are going to be competing with other state and local needs. And where are there any indications that governors, legislators and mayors will allocate a fair share of block grants to the elderly? How will the aged fare when placed in juxtaposition with youth, veterans, highways, police and garbage collection? Will we have to witness community debates whether to choose school lunches or meals-on-wheels? "The extent of power held by such groups as the aged and their allies determines frequently the direction and content of our social policies."[21]

Preference for Age-Homogeneous vs. Age-Heterogeneous Social Interaction

Of interest and relevance is a study conducted by Menachem Daum on "Preference for Age-Homogeneous vs. Age-Heterogeneous Social Interaction"[22].

The primary purpose of this study was to assess older persons' preference for age homogeneity with respect to social interaction, housing, senior centers, and political groups. Secondly, the study sought to assess the extent to which age homogeneity preference in each area was related to age homogeneity preference in each other. Finally, the study sought to identify and assess the socio-demographic and psycho-social factors related to age homogeneity preference and age identification. The study's research questions and hypotheses were tested through secondary analysis of survey data obtained from the Harris survey of older people conducted in this country (Harris, 1975).[23] The 2797 persons 65 and over interviewed for this survey were highly representative of the non-institutionalized elderly throughout the country.

Results indicate that age segregation is not a barrier to service use for most older persons. Interest in formal age segregated activities such as senior centers or political groups for the aged was found to be unrelated to preference for age peers in informal social interaction or for age peers as neighbors. Interest in formal age segregated activities was also unrelated to the chronological age labels which most people reject (e.g., old person, aged person). However, identifying oneself with one of the highly popular euphemistic age labels (e.g., senior citizen, retired person) was positively related to preference for formal age segregated activities. The data suggest that euphemistic designations for age segregated services may minimize the dissonance of attending an activity for the aged while denying ones own chronological aging (e.g., by defining oneself as a young or middle aged senior citizen). The findings also suggest that asking if older people prefer age segregation versus age integration is overly simplistic. Such a question recognizes neither the high level of individual differences among older persons nor the activity-specific nature of older persons' preferences.

An unexpected finding was the limited predictive ability

of such psycho-social concepts as age identification, attitudes to the aged, or perceived stigmatization of the aged. For the most part these variables had little relation to whether or not one preferred the company of other old people.

As the author states himself:

> "The findings cannot be interpreted as implying that age-segregated services are not an attractive option for sizable numbers of older people. Strong arguments for age-segregated services can be made, as does Tobin et al. (1976) on the basis that the special problems of the elderly require the expertise of age specialists and that in times of limited resources the needs of the elderly will be neglected if they have to compete with the young. Furthermore, minorities of elderly do prefer age-homogeneous interaction, especially among those considered target groups for services. However, other options must be explored for the majority of older persons."[24.]

And as one of the major recommendations based on the findings of the study, Daum proposes that

> "Age-segregated services should be seen as an option appropriate for some older persons. However, majorities of elderly, even among those considered target groups for social services, will not be attracted to such programs. Increasingly, age-segregated services are being seen as major vehicles in linking older persons to a variety of other services and entitlements. There is a danger in the exclusive reliance on age-segregated services to identify the elderly in need and connect them with appropriate services. Multiple entry points into the service network should be encouraged." [25.]

Given the nature of power-brokering in our society, the elderly need a power base to be creditable in the political arena and to face competing interests from a position of strengths commensurate with their numbers and contributions in the past, present and future, particularly in times of economic squeezes and resource rearrangements as during our present

era of Reagonomics. Tish Sommers, a long-time advocate, puts it succinctly:

> "The age idealists are younger people, who deny the existence of agism by declaring that age is no longer relevant. Like well-meaning white liberals who thought racism would go away by celebrating brotherhood week, while continuing to enjoy the benefits of a segregated society, these age idealists believe the end result can be achieved by wishing it so. They are likely to be too quick to suggest removal of hard-fought benefits and protections for older people, before alternative opportunities are in place all in the name of age irrelevancy."[26]

and I wrote:

> "To the extent that negative attitudes toward old age are changing, thereby enabling older Americans to be partners to other age groups, age segregation may become dysfunctional. Demographic and economic factors appear to exert more pressure toward age segregation than do stated policies; migration of younger persons from rural areas and from central cities, low-incomes of the aged and a limited desire to move, all are creating age concentrations of older Americans."[27]

The "New Federalism's" block grants pose problems for both advocates of particularism and universalism in social policy for the elderly. says Sanford Schram. "The shift to universalistic block grants has opened the possibility that the specific needs of the elderly will be lost in a sea

of diverse client groups. As a counter to this possibility, the Age Discrimination Act of 1975 has yet to bear any fruit and remains today very little more than an idea. Whether it eventually becomes a safeguard for ensuring that block grants will be genuinely universalistic programs that do neglect the legitimate needs of the elderly is an open question..."

"Elderly policy particularism has the advantage of ensuring that the elderly's unique needs will be addressed through programs tailored specifically for the elderly. It also leads to programs around which the elderly can rally and defend against budgetcutters. Nonetheless, elderly policy particularism has its disadvantages as well. First, it is in part a strategy by non-poor elderly to gain access to social services which may result in the needs of the poor elderly being neglected even in programs specifically designed for the elderly. Second, elderly policy particularism isolates the elderly and reduces their willingness to work with other needy groups promoting more effective social policies. For critics of elderly policy particularism, such as Neugarten and others, the elderly should be part of a broad social welfare coalition which is dedicated to producing a uniform social welfare policy desinged to address all the problems of all needy people. For these critics, elderly policy particularism is a dead-end which will not effectively promote the interests of needy elderly."[28, 29]

However, as the strenghts of young-older and old-older persons contribute toward developing a more assured self-image of the aging and toward reducing negative views and stereotypes of them by younger people, the likelihood of a more equitable partnership between young and old increases, especially if the younger generation recognizes that they too will get older in due course. What is urgently needed - as Daum

also recommends - is a system of linkages of age-concentrated programs and services with age-neutral programs and services based on a social policy that is informed by an inclusive view of human needs based on distributive social justice. In other words, we need a family policy which takes into account demographic factors, that is oriented toward multigenerational relationships and that defines what is due and what is owed by each generation.

(11)

Notes

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2. Op.cit., p. 33.

3. Kutza, E.A. The Benefits of Old Age: Social-Welfare Policy for the Elderly (Chicago, IL: The University of Chicago Press, 1981), p. 77.

4. Ibid., p. 79.

5. Ibid., p. 81.

6. Tobin, S., S.M. Davidson, A. Sack. Effective Social Services for Older Americans (AnnArbor, Michigan: Institute of Gerontology, 1976), pp. 43-48.

7. Kerschner, P. at National Council on Aging Meeting, Nashville, Tennessee, April 1981.

8. Tobin, et al, op.cit.

9. Blau, Z.S. Aging in a Changing Society, 2nd edition (New York: Franklin Watts, 1981), p. 86.

10. Rosow, I. Social Integration of the Aged (New York: Free Press, 1967).

11. Op.cit., p. 39.

12. Hochchild, A.R. The Unexpected Community (Englewood Cliffs, NJ: Prentice Hall, 1973).

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14. Blenkner, M., M. Bloom, E. Wasser & Nielson. "Protective Services for Older People", Social Casework, 1971, Vol. 52, pp. 483-527.

15. Burnside, I.M. Working with the Elderly: Group Processes and Techniques (Belmont, CA: Wadsworth Publishing Company, 1978): especially chapters 14 and 15.

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19. Klemmack, D.L., L.L. Roff "Predicting General and Comparative Support for Government's Providing Benefits to Older Persons," The Gerontologist, Vol. 21, No. 6, December 1981, pp. 592-599. (First reported in Fall of 1981 at University of Alabama.)

20. Op. cit., p. 598.

21. Lowy, L. Op. cit., p. 33.

22. Daum, M. "Preference for Age-Homogeneous Versus Age-Heterogeneous Social Interaction," Journal of Gerontological Social Work, Vol. 4, No. 3/4, Spring/Summer 1982, pp. 21-55.

23. Harris, L. and Associates, The Myth of Aging in America," Washington, D.C.: National Council on Aging, 1975.

24. Daum, M. Op. cit., p. 53.

25. Ibid.

26. Sommers, T. at National Council on Aging Meeting, Nashville, Tennessee, April 1981.

27. Lowy, L. Op. cit., p. 136.

28. Schram, S. "Age versus Need in an era of Block Grants," unpublished paper, 1983.

29. Nelson, G. "Social Class and Public Policy for the Elderly," Social Service Review, 56 (March 1982), pp. 86-98.

Neugarten, B. (ed.) Age or Need? Public Policies for Older People (Beverly Hills, CA: Sage Publications, 1982).